

## **COURTESY REQUEST FORM (CPS-2) INSTRUCTIONS**

### **PURPOSE:**

Courtesy requests may be made by staff during the course of an investigation/family assessment or a referral to another county or another state's child protective services in order to complete a CA/N report or assure child safety. Courtesy requests may be made under the following circumstances:

- To make the required face-to-face contact with victims or other children in the household within mandated timeframes;
- To make face-to-face contact with an alleged perpetrator;
- To obtain face-to-face interviews from other significant individuals for the purpose of making a determination; or
- To confirm the safety and well-being of children of families who have reportedly moved out of the state;
- To collect or obtain signed documents. (authorization for release of information; signed safety plans or Written Service Agreement)

### **REQUESTING COUNTY FORM COMPLETION:**

**Case Name** – Case Name on current report of referral

**Incident number** – Incident number or call number of CA/N report or referral.

**Report Date** – Date of current report or referral

**Requesting Worker** – Name of worker assigned to the report

**Phone number** – Phone number of the worker assigned to the report

**Request Date:** Date the requesting worker contacted the courtesy county with a courtesy request.

**Brief description of reported allegations/additional information** – Requesting worker should provide a brief summary of the current situation and additional information not found on the CA/N-1 or on the CANHU Protocol pathway questions.

**Request** - Requesting worker will explain specifically what tasks the worker would like for the courtesy worker to complete. This may be to make the 24 or 72 hour contact; observe or document injuries; assure medical attention/treatment or follow up; set up a SAFE exam; conduct interviews with victims; siblings; collaterals; perpetrators; to initiate law enforcement involvement/co-involvement; to give out information/documents (CS-24, CS-24A...etc.); to have authorization for releases of information or safety plans signed; to collect reports, test results or other documentation; or any other required task that can not be completed other than with face to face contact.

**Contact Deadlines:** ☐ 24 hours ☐ 72 hours ☐ other (date)\_\_\_\_\_

Check appropriate box (deadline in which the courtesy county is required to make face to face contact)

**COURTESY COUNTY FORM COMPLETION:**

**Courtesy County** – Name of county who will complete the courtesy

**Courtesy Worker** – Name of worker who will be completing the courtesy

**Phone Number** - Phone number for the worker completing the courtesy

**Date Assigned** – Date when the courtesy worker was contacted by the requesting county

**Narrative** – Describe all activities, interviews, observations and findings relevant to the completion of the courtesy request. Include all dates and times and location of interviews/contacts. Document all attempted and give reasons why contacts were not made as requested.

**Documents Attached** – List all attached documents, such as reports, signed releases, signed safety plan, test results or records requested.

**Documents Given** – List all documents given to the family such as releases or the CS-24 or CS-24A.

**ATTACH CPS-2**

Attach this document where ever appropriate in the case file. (CPS-1, CD-14A or the CS-1)  
Destroy according to policy for those documents.

MEMORANDA HISTORY: [CD05-54](#)